

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | SNL | | 8/23/01 |
| O.I.P.E. CLASSIFIER | 19 | 500125 | 8/23/01 |
| FORMALITY REVIEW | ✓ | | 8/23/01 |
| RESPONSE FORMALITY REVIEW | | | 8/23/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 4/29/01 |
| 2 | 5/1/01 |
| 3 | 5/1/01 |
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| Claim | Date |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE CO.